

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$720.00 for date of service, 10/01/01.
- b. The request was received on 06/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The MDR file does not contain proof of delivery per Rule 133.307 (g) (3&4). Therefore, all documentation submitted by the Requestor and Respondent will be considered.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 03/08/01

“It is my contention that (Requestor) is entitled to Dispute Resolution under Rule 133.305 citing the carrier has violated Rule 133.300 failure to pay/and or dispute a medical bill within 45 days of receipt of a complete bill. At this time I respectfully request that your office enter a ‘Decision & Findings’ for the carrier to not only pay the medical bills submitted, citing that the carrier did not comply with Rule 133.300; (Requestor) feels that sending bills 2 times should be amply [sic] enough for the carrier to properly pay or deny a medical bill.

2. Respondent: Letter dated 07/11/02

“This firm has been retained to represent the Carrier in the above-referenced matter. Please direct all further communications to the undersigned. I have received a copy of your MR-100 regarding the above-captioned medical dispute. Please be advised that (Carrier) has not received a TWCC-60 medical dispute from the Requestor. At this time, I am unable to fully respond to the MR-100 as I do not have the information needed to properly respond. If I can be of any assistance in this matter, please let me know.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/01/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$720.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “F – Reduced According to Fee Guideline” and “M,426 REIMBURSED TO FAIR AND REASONABLE.
5. Carrier’s EOBs, dated 03/22/02, 07/09/02 and 08/12/02 indicate a reimbursement recommendation of \$612.00 for the date of service in dispute above.
6. The Requestor’s representative states they have not received any reimbursement from the Carrier.
7. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$720.00 for services rendered on the date of service in dispute above.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/01/01	95999	\$720.00	\$0.00	F,M	DOP	TWCC Rule 133.301 (i),(g) (3) (D) & (j) (1) (F); 413.011; 133.1 and 134.1; MFG; General Instructions (VI); CPT Descriptor	<p>The Requestor has billed CPT code 95999, which is a DOP (no MAR) per the MFG. The MFG reimbursement requirements for DOP states, "An MAR is listed for each code excluding documentation of procedure (DOP) codes... HCPs shall bill their usual and customary charges. The insurance carrier will reimburse the lesser of the billed charge, or the MAR." CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate."</p> <p>The Medical Review Division has reviewed the file to determine which party has provided the most persuasive evidence. The carrier asserts that they have paid a fair and reasonable reimbursement but have not submitted a methodology to support their reimbursement. Per Rule 133.304 (i), "When the insurance carrier pays a health care provider for treatment(s) and/or service(s) for which the Commission has not established a maximum allowable reimbursement, the insurance carrier shall:</p> <ol style="list-style-type: none"> 1. develop and consistently apply a methodology to determine fair and reasonable reimbursement amounts to ensure that similar procedures provided in similar circumstances receive similar reimbursement; 2. explain and document the method it used to calculate the rate of pay, and apply this method consistently; 3. reference its method in the claim file; and 4. explain and document in the claim file any deviation for an individual medical bill from its usual method in determining the rate of reimbursement." <p>The response from the carrier shall include, per Rule 133.307 (j) (1) (F), "... if the dispute involves health care for which the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code 413.011 and §133.1 and 134.1 of this title;". The law or rules are not specific in the amount of evidence that has to be submitted for a determination of fair and reasonable.</p> <p>As the Requestor, the health care provider has the burden to provide documentation that "...discussed, demonstrates, and justifies that the payment being sought is fair and reasonable rate of reimbursement...." pursuant to TWCC Rule 133.307 (3) (g) (D).</p> <p>The provider has not submitted evidence that "...discussed, demonstrates, and justifies that the payment being sought is fair and reasonable rate of reimbursement....". No additional reimbursement is recommended.</p> <p>However, the Carrier's three EOBs indicate a reimbursement recommendation of \$612.00. Therefore, reimbursement in the amount of \$612.00 is recommended.</p>
Totals		\$720.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$612.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$612.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14th day of February 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt